County: Wood NORWOOD HEALTH CARE - CENTRAL 1600 NORTH CHESTNUT MARSHFI ELD 54449 H MARSHFIELD 54449 Phone: (715) 384-2188
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 16
Total Licensed Bed Capacity (12/31/00): 16
Number of Residents on 12/31/00: 16 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? County Skilled No No Average Daily Census: 16 16

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	%	Age Groups	 %	Less Than 1 Year 1 - 4 Years	6. 3 12. 5
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	50. 0	More Than 4 Years	81. 3
Day Servi ces	No	Mental Illness (Org./Psy)	6. 3	65 - 74	25. 0		
Respite Care	No	Mental Illness (Other)	93. 8	75 - 84	25. 0		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	0.0	***************	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0. 0	95 & 0ver	0. 0	Full-Time Equivalen	t
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	0. 0		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	0. 0	65 & 0ver	<b>50</b> . <b>0</b>	[	
Transportation	No	Cerebrovascul ar	0. 0			RNs	17. 8
Referral Service	No	Di abetes	0. 0	Sex	%	LPNs	9. 0
Other Services	No	Respi ratory	0. 0			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	0. 0	Male	<b>56</b> . 3	Aides & Orderlies	<b>58</b> . 9
Mentally Ill	Yes			Female	43. 8		
Provi de Day Programming for			100. 0				
Developmentally Disabled	No				100. 0		ale ale ale ale ale ale ale

## Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)			0th	er	Pri	Private Pay			/anage	d Care		Percent	
			Per Die	m		Per Die	m		Per Dien	n	]	Per Diem	1	Ŭ ]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0 (	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	0	0. 0	\$0.00	16 100	0. 0	\$102. 19	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	16	100.0%
Intermedi ate				0 (	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Limited Care				0 (	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0 (	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0 (	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0 (	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0 (	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	nt 0	0.0	<b>\$0. 00</b>	0 (	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	0	0.0		16 100	0.0		0	0.0		0	0.0		0	0.0		16	100.0%

County: Wood NORWOOD HEALTH CARE - CENTRAL 

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period % Needi ng Total Assistance of Percent Admissions from: Activities of % Totally Number of Private Home/No Home Health 0.0 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 0.0 Baťhi ng **56**. 3 **25.** 0 18. 8 16 Other Nursing Homes 0.0 Dressi ng 81.3 6. 3 12. 5 16 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferring 81.3 0.0 6. 3 12. 5 16 100 Toilet Use 81. 3 6.3 12. 5 16 0.0 Eating 0.0 0.0 0.0 0.0 16 Other Locations \*\*\*\*\*\* 0.0 Total Number of Admissions Continence Special Treatments Receiving Respiratory Care
Receiving Tracheostomy Care
Receiving Suctioning
Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 0.0 0.0 Private Home/No Home Health 0.0 Occ/Freq. Incontinent of Bladder 0.0 0.0 Private Home/With Home Health 0.0 Occ/Freq. Incontinent of Bowel **25.** 0 0.0 Other Nursing Homes 0.0 0.0 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 0.0 Mobility 0.0 Physically Restrained 0.0 0.0 **50.0** 0.0 Other Locations 0.0 Skin Care Other Resident Characteristics 0.0 Deaths 100 With Pressure Sores Have Advance Directives 0.0 Total Number of Discharges With Rashes 18.8 Medi cati ons Receiving Psychoactive Drugs (Including Deaths)

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

		Ownershi p:		Bed Size:		Li censure:			
	Thi s	Government Peer Group		Under 50		Ski l	l ed	All Facilities	
	Facility			Peer	Group	Peer Group			
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	100. 0	86. 7	1. 15	92. 9	1.08	87. 0	1. 15	84. 5	1. 18
Current Residents from In-County	93. 8	<b>58</b> . 7	1. 60	74. 7	1. 25	69. 3	1. 35	77. 5	1. 21
Admissions from In-County, Still Residing	100	28. 8	3. 48	24. 5	4. 08	22. 3	4. 48	21. 5	4. 65
Admissions/Average Daily Census	6. 3	<b>57. 6</b>	0. 11	88. 3	0. 07	104. 1	0.06	124. 3	0. 05
Discharges/Average Daily Census	6. 3	61. 8	0. 10	84. 8	0. 07	105. 4	0.06	126. 1	0.05
Discharges To Private Residence/Average Daily Census	0. 0	17. 2	0.00	19. 3	0.00	37. 2	0.00	49. 9	0.00
Residents Receiving Skilled Care	100	82. 5	1. 21	77. 6	1. 29	87. 6	1. 14	83. 3	1. 20
Residents Aged 65 and Older	50. 0	88. 2	0. 57	92. 5	0. 54	93. 4	0. 54	87. 7	0. 57
Title 19 (Medicaid) Funded Residents	100	80. 0	1. 25	55. 7	1. 79	70. 7	1.41	69. 0	1.45
Private Pay Funded Residents	0. 0	16. 8	0.00	41.4	0.00	22. 1	0.00	22. 6	0.00
Developmentally Disabled Residents	0. 0	0. 9	0.00	1. 7	0.00	0. 7	0.00	7. 6	0.00
Mentally Ill Résidents	100	48. 7	2.05	47. 1	2. 12	37. 4	2. 68	33. 3	3.00
General Medical Service Residents	0. 0	17. 6	0.00	8. 6	0.00	21. 1	0.00	18. 4	0.00
Impaired ADL (Mean)	17. 5	43. 1	0.41	49. 3	0. 35	47. 0	0.37	49. 4	0. 35
Psychological Problems	93. 8	<b>59</b> . 3	1. 58	44. 3	2. 12	49. 6	1.89	50. 1	1.87
Nursing Care Required (Mean)	8. 6	7. 2	1. 19	7. 2	1. 20	7. 0	1. 22	7. 2	1. 20